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| TRANSMITTAL FORM JAN 03 2006 U.S. PATENT AND TRADEMARK OFFICE | Application Number | 09/766,698 | |
| | Filing Date | 01/22/2001 | |
| | First Named Inventor | Alan W. H. Grant | |
| | Art Unit | 3629 | |
| | Examiner Name | Thai, Cang G. | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | ESIP-2 (New) |

| ENCLOSURES (Check all that apply) | | |
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| Remarks PTO/SB/82 Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---------------------------------|----------|--------|
| Firm Name | Falkowski PLLC | | |
| Signature | <i>Christopher J. Falkowski</i> | | |
| Printed name | Christopher J. Falkowski | | |
| Date | 12/28/05 | Reg. No. | 45,989 |

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| Signature | <i>Christopher J. Falkowski</i> | | |
| Typed or printed name | Christopher J. Falkowski | Date | 12/28/05 |

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

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| Attorney Docket Number | ESIP-2 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

53,961

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

53,961

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Alan W.H. Grant

Date

12/15/2005

Telephone

416.646.7000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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